



TABOR ACADEMY

66 Spring Street Marion, MA 02738 001-508-748-2405
exchange, service, study and travel programs

PERMISSION TO TRAVEL ABROAD FOR MINORS

This certifies that _____ date of birth _____
name of student as it appears on passport

passport country & number _____ expiration date _____

has the permission of the undersigned parents/legal guardians to enter _____ (country) to participate
in the Tabor Academy program from _____ (date) to _____ (date) supervised by

faculty leader #1 Thomas Stephen Downes

passport # USA: 506056878

faculty leader #1 Richard DaSilva, Jr.

passport # USA: 546181727

Signed this _____
month, day

date of _____
year

Signature of Parent 1 or Legal Guardian

print name

Signature of Parent 1 or Legal Guardian

print name

NOTARIZATION

On this _____ day of _____
month, day *year*

before me personally came _____

Parent 1 or Legal Guardian

known to me and _____

Parent 2 or legal Guardian

known by me to be the parents or legal guardians of _____
name of student

print name Notary Public _____
signature

My Commission Expires: _____

STATE OF _____

COUNTY OF _____

NOT VALID WITHOUT NOTARY STAMP